



Los Angeles County Commission for Women



APPLICATION FOR DONATION

All requests for funds must be received 30 days prior to the next scheduled LACCW meeting (see attached meeting schedule). The requesting organization must provide the following information before consideration of a request.

East Los Angeles Women's Center

Name of Organization

1255 S. Atlantic Blvd. Los Angeles, CA 90022

Address

City, State

Zip

323 526-5819

Telephone Number

323 526-5822

FAX Number

www.elawc.org

Website Address

Barbara Kappos

Contact Person

Executive Director

Title

626 695-4742

Cell (optional)

bkappos@elawc.org

E-mail

Organizational Identification

(Non-profit status/tax I.D. number): 51-0204577

Mission of Organization (Purpose and Goals):

The Mission of the East Los Angeles Women's Center is to provide culturally competent services to women and children, focusing on sexual, domestic, and family violence and HIV/AIDS. We do this by being an effective, culturally-relevant, public advocate and a trusted personal and community resource for crisis intervention, prevention, education, clinical services, and support. Our Vision is a world where all women and their children live in a place of safety, health, and personal well-being, free from violence and abuse, with equal access to necessary health services and social support.

History of Organization and Time of Existence:

East Los Angeles Women's Center (ELAWC) is a private, nonprofit California public benefits charity that was incorporated in Los Angeles in 1976. The East Los Angeles Rape and Battering Hotline officially opened its telephone lines to serve the community of the greater East Los Angeles area on February 13, 1976. It became the first Spanish language, 24-hour crisis hotline for survivors of sexual assault in Southern California.

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Listing of Board of Directors:

Melora Sundt, Ph.D.
Evelyn Gonzalez-Figueroa, Ph.D., M.P.H.
Vice Chairperson
Marilyn Ladd, Ph.D.
Secretary
Linda A. Fischer, Ed.D.
Member
Sgt. Christine Dosland, Board
Member
Mercedes Perez
Member

Event Information – Date/Time, Location and Target Number of Attendees:

Date/Time: 3-4-2011

Location: East Los Angeles Women's Center

Target Number of Attendees: individuals currently participate in support group.

Event Information – Purpose and Goals:

* Event publicity materials may be included (optional)

see how will this donation benefit organization

In what Los Angeles County District will this event take place?
(Please enter the district number)

1

In what Los Angeles County District does your organization belong to?
(Please enter the district number)

1

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Population served are primarily Latinas with children, adult and adolescents living below the poverty line in District 1.

Specific Request (i.e. monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance)

Grant Application \$1450.00

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How will this donation benefit the organization?

The donation will provide domestic violence and HIV Awareness through a media campaign that will focus on women and prevention of HIV and Domestic Violence. Additionally, a therapeutic/education group will be conducted providing support to monolingual Spanish speaking women living with HIV and domestic violence. The group will be provided on a weekly basis facilitated by a counselor and a Promotora.

Have you received donation funds from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

No (☒), this is the first time we received donation from LACCW.

Yes (☐), we have received donation(s) from LACCW previously.

First Occasion:

Name of the Event _____

Date of the Event: _____

Donation Amount: _____

Second Occasion:

Name of the Event _____

Date of the Event: _____

Donation Amount: _____

Please send this form to:

Los Angeles County Commission for Women
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012

PH: 213-974-1455

FAX: 213-633-5102

www.laccw@bos.lacounty.gov

For CW Office Only.

Date Received Received By Date of Review Reviewed By

(Yes ☐) (No ☐)

Place on Agenda: _____

Reason for not placing on agenda

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_____	(Yes____) (No____)	(Yes____) (No____)	_____
Date of CW Board Meeting	Action Taken	Notification Sent	Amount Approved

Reason for Rejection
